### Basin Water Sources, Inc. PO Box 34

Moses Lake, WA 98837
Fax: 509-766-9935 Phone: 509-765-2282

**Question #7** 

Copy of Insurance Plans and Invoices for Asuris, Lifewise and Safeco for the Year 2008



P.O. Box 91130 Seattle, Washington 98111-9230 1 888 344-5587

JOANN PO BO

JOANN P THROOP
PO BOX 1697
MOSES LAKE, WA 98837-0201



MEMBER ID #

932 21 099980-002 995678986

COVERAGE PERIOD (

01/01/08 THRU 02/29/08

BILL PRINT DATE DATE DUE

01/11/08 01/01/08

PERSONS COVER	RED TYPE OF COVERAGE TOTAL RATE
JOANN	12353 - PLAN J
	INDIVIDUAL PLAN
	\$310.00

BILLING FOR 12352 REVERSED FOR JAN



THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward.....

TOTAL AMOUNT DUE.....

\$143.00

\$167.00-

Payment of rates are due on or before the first of the month for coverage effective that month. There will be a 30-day grace period following the due date in which to make payment. If payment is not received by the end of the grace period, coverage will be cancelled as of the due date.

A MINUS SIGN INDICATES A CREDIT BALANCE.



P.O. Box 91130 Scattle, Washington 98111-9230 1 888 344-5587

A Regence Affiliate

JOANN P THROOP
PO BOX 1697
MOSES LAKE, WA 98837-0201



INDIVIDUAL PLAN #

MEMBER ID #

COVERAGE PERIOD

932 21 099980-002

995678986

02/01/08 THRU 02/29/08

BILL PRINT DATE DATE DUE

01/08/08



PERSONS COVERED TOTAL RATE

JOANN

12352 - PLAN F - WWV MED SUPP INDIVIDUAL PLAN

\$167.00



THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward.....

TOTAL AMOUNT DUE.....

\$167.00

Payment of rates are due on or before the first of the month for coverage effective that month. There will be a 30-day grace period following the due date in which to make payment. If payment is not received by the end of the grace period, coverage will be cancelled as of the due date.

A MINUS SIGN INDICATES A CREDIT BALANCE.

98837-0201



P.O. Box 91130 Scattle, Washington 98111-9230 1 888 344-5587

JOANN P THROOP PO BOX 1697 MOSES LAKE, WA



9

INDIVIDUAL PLAN # 932 21 099980-002

MEMBER ID # 995678986

COVERAGE PERIOD 03/01/08 THRU 03/31/08

BILL PRINT DATE 02/06/08

DATE DUE

02/06/08 03/01/08

JOANN

FERSONS COVERED	TYPE OF COVERAGE	TOTAL RATE
	12353 - PLAN J	• •
	INDIVIDUAL PLAN	
		\$173.00



THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward......\$167.00-

TOTAL AMOUNT DUE......\$6

Payment of rates are due on or before the first of the month for coverage effective that month. There will be a 30-day grace period following the due date in which to make payment. If payment is not received by the end of the grace period, coverage will be cancelled as of the due date.

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P.O. Box 91130 Scattle, Washington 98111-9230 1 888 344-5587

JOANN P THROOP PO BOX 1697 MOSES LAKE, WA 98837-0201



INDIVIDUAL PLAN #
 MEMBER ID #
 COVERAGE PERIOD
 BILL PRINT DATE

932 21 099980-002 995678986

04/01/08 THRU 04/30/08 03/06/08

DATE DUE 04/01/08

PERSONS COVERED TYPE OF COVERAGE TOTAL RATE

JOANN

12353 - PLAN J INDIVIDUAL PLAN

\$173.00

5949

THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward.....

TOTAL AMOUNT DUE.....

\$173.00

Payment of rates are due on or before the first of the month for coverage effective that month. There will be a 30-day grace period following the due date in which to make payment. If payment is not received by the end of the grace period, coverage will be cancelled as of the due date.

A MINUS SIGN INDICATES A CREDIT BALANCE.

Asuris Northwest Health

00000<del>1</del>025 P.O. Box 91130

A Regence Affiliate

Scattle, Washington 98111-9230 1 888 344-5587

JOANN P THROOP PO BOX 1697 MOSES LAKE, WA

98837-0201

004625

INDIVIDUAL PLAN # 932 21 099980-002 MEMBER ID # 995678986

**COVERAGE PERIOD** 05/01/08 BILL PRINT DATE

THRU 05/31/08 04/08/08

DATE DUE

05/01/08

**PERSONS COVERED** 

**TYPE OF COVERAGE** 

TOTAL RATE

**JOANN** 

12353 - PLAN J INDIVIDUAL PLAN

\$173.00

THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward.....

TOTAL AMOUNT DUE.....

\$173.00

Payment of rates are due on or before the first of the month for coverage effective that month. There will be a 30-day grace period following the due date in which to make payment. If payment is not received by the end of the grace period, coverage will be cancelled as of the due date.

A MINUS SIGN INDICATES A CREDIT BALANCE.



P.O. Box 91130 Scattle, Washington 98111-9230 1 888 344-5587



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JOANN P THROOP PO BOX 1697 MOSES LAKE, WA 98837-0201



INDIVIDUAL PLAN # 932 21 099980-002 MEMBER ID # 995678986 COVERAGE PERIOD 06/01/08 THRU 06/30/08

**DATE DUE** 05/07/08

	PERSONS COVERED TYPE OF COVERAGE	TOTAL RATE
JOANN	12353 - PLAN J	
	INDIVIDUAL PLAN	
		\$173.00

THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward.....

TOTAL AMOUNT DUE...... \$173.00

Payment of rates are due on or before the first of the month for coverage effective that month. There will be a 30-day grace period following the due date in which to make payment. If payment is not received by the end of the grace period, coverage will be cancelled as of the due date.

A MINUS SIGN INDICATES A CREDIT BALANCE.



000004000 P.O. Box 91130 Scattle, Washington 98111-9230

I 888 344-5587

JOANN P THROOP PO BOX 1697 MOSES LAKE, WA

98837-0201



INDIVIDUAL PLAN # MEMBER ID # **COVERAGE PERIOD** BILL PRINT DATE

DATE DUE

932 21 099980-002 995678986

07/01/08

THRU 07/31/08 06/06/08 07/01/08

PERSONS COVERED	TYPE OF COVERAGE TOTAL RATE
JOANN	12353 - PLAN J
	INDIVIDUAL PLAN
	\$173.00

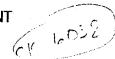


THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward.....

TOTAL AMOUNT DUE.....

Payment of rates are due on or before the first of the month for coverage effective that month. There will be a 30-day grace period following the due date in which to make payment. If payment is not received by the end of the grace period, coverage will be cancelled as of the due date. A MINUS SIGN INDICATES A CREDIT BALANCE.





000004913 P.O. Box 91130 Seattle, Washington 98111-9230

1 888 344-5587

JOANN P THROOP PO BOX 1697 MOSES LAKE, WA 98837-0201



INDIVIDUAL PLAN # MEMBER ID # **COVERAGE PERIOD** 

DATE DUE

932 21 099980-002 995678986

08/01/08 THRU 08/31/08 **BILL PRINT DATE** 

07/08/08 08/01/08

PERSONS COVERI	ED TYPE OF COVERAGE TOTAL RATE
JOANN	12353 - PLAN J
	INDIVIDUAL PLAN
	\$173.00

THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward.....

TOTAL AMOUNT DUE.....

\$173.00

Payment of rates are due on or before the first of the month for coverage effective that month. There will be a 30-day grace period following the due date in which to make payment. If payment is not received by the end of the grace period, coverage will be cancelled as of the due date. A MINUS SIGN INDICATES A CREDIT BALANCE.



P.O. Box 91130 Scattle, Washington 98111-9230 1 888 344-5587



JOANN P THROOP PO BOX 1697 MOSES LAKE, WA 98837-0201

005030

INDIVIDUAL PLAN # MEMBER ID # COVERAGE PERIOD

932 21 099980-002 995678986

09/01/08 THRU 09/30/08

**BILL PRINT DATE** DATE DUE

08/07/08 09/01/08

PERSONS COVERED TYPE OF COVERAGE TOTAL RATE JOANN 12353 - PLAN J INDIVIDUAL PLAN \$173.00

THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220. Balance Forward.....

TOTAL AMOUNT DUE.....

Payment of rates are due on or before the first of the month for coverage effective that month. There will be a 30-day grace period following the due date in which to make payment. If payment is not received by the end of the grace period, coverage will be cancelled as of the due date. A MINUS SIGN INDICATES A CREDIT BALANCE.

Northwest Health A Regence Affiliate

P.O. Box 91130

Seattle, Washington 98111-9230 1 888 344-5587

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00000409/

JOANN P THROOP PO BOX 1697 MOSES LAKE, WA 98837-0201



INDIVIDUAL PLAN # MEMBER ID # **COVERAGE PERIOD** 

**BILL PRINT DATE** 

DATE DUE

932 21 099980-002 995678986 THRU 10/31/08

10/01/08

09/08/08 10/01/08

PERSONS COVERED **TYPE OF COVERAGE** TOTAL RATE **JOANN** 12353 - PLAN J INDIVIDUAL PLAN \$173.00

THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward.....

TOTAL AMOUNT DUE.....

\$173.00

Payment of rates are due on or before the first of the month for coverage effective that month. There will be a 30-day grace period following the due date in which to make payment. If payment is not received by the end of the grace period, coverage will be cancelled as of the due date. A MINUS SIGN INDICATES A CREDIT BALANCE.



P.O. Box 91130 Seattle, Washington 98111-9230 1 888 344-5587

JOANN P THROOP PO BOX 1697 MOSES LAKE, WA

98837-0201



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Ct 609.4

INDIVIDUAL PLAN # 932 21 099980-002

MEMBER ID # 995678986

COVERAGE PERIOD 11/01/08 THRU 11/30/08

BILL PRINT DATE 10/07/08

DATE DUE 11/01/08

PERSONS COVERED

TYPE OF COVERAGE

TOTAL RATE

JOANN

12353 - PLAN J INDIVIDUAL PLAN

\$173.00

THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward.....

TOTAL AMOUNT DUE.....

\$173.00

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A MINUS SIGN INDICATES A CREDIT BALANCE.

Northwest Health

000004746

P.O. Box 91130 Scattle, Washington 98111-9230 1 888 344-5587

JOANN P THROOP PO BOX 1697 MOSES LAKE, WA 98837-0201



INDIVIDUAL PLAN # MEMBER ID # COVERAGE PERIOD BILL PRINT DATE

DATE DUE

932 21 099980-002 995678986

11/06/08

12/01/08 THRU 12/31/08 12/01/08

	PERSONS COVERE	D TYPE OF COVERAGE TOTAL RATE
JOANN		12353 - PLAN J
		INDIVIDUAL PLAN
		\$173.00



THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward.....

TOTAL AMOUNT DUE.....

Payment of rates are due on or before the first of the month for coverage effective that month. There will be a 30-day grace period following the due date in which to make payment. If payment is not received by the end of the grace period, coverage will be cancelled as of the due date. A MINUS SIGN INDICATES A CREDIT BALANCE.

000004736

THRU 01/31/09

### INDIVIDUAL BILLING STATEMENT

98837-0201



P.O. Box 91130 Scattle, Washington 98111-9230 1 888 344-5587

JOANN P THROOP PO BOX 1697 MOSES LAKE, WA



INDIVIDUAL PLAN # MEMBER ID #

**BILL PRINT DATE** 

DATE DUE

932 21 099980-002 995678986

**COVERAGE PERIOD** 01/01/09

12/08/08

01/01/09

PERSONS COVERED **TYPE OF COVERAGE** TOTAL RATE JOANN 12353 - PLAN J INDIVIDUAL PLAN

\$173.00



THIS IS YOUR ASURIS NORTHWEST HEALTH BILLING. IF YOU HAVE ANY QUESTIONS, CALL 509-525-5220.

Balance Forward.....

TOTAL AMOUNT DUE.....

\$173.00

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## NORTHWEST HEALTH

P.O. Box 12625 Salem, OR 97309-0625

KEEP THIS PORTION FOR YOUR RECORDS

\*\* BILLING NOTICE \*\*

	Г	5
	921128887	ENTIFICATION NO
	008800000	GROUP NO.
	008800000 02/01/08-03/01/08 02/01/08 20194647	DENTHEICATION NO. GROUP NO. COVERAGE PERIOD PAYMENT DUE INVOICE NO. AMOUNT DUE CHE
	02/01/08	PAYMENT DUE
	20194647	INVOICE NO.
	\$64.00	AMOUNT: DUE
AINDOIN!	AMOUNT BAID L.	CHECK NUI
A	<u>,                                    </u>	<u>ト</u> ド ド
-	3	김동

YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT.
THANK YOU FOR YOUR PAYMENT.

## Dear Member:

with your check for the amount due. Your premium payment is due for your health benefit plan. Please send the bottom portion of this form along

We have a convenient premium payment system available to you through our SurePay system that allows automatic premium deduction from your checking account each month. If you are interested in this electronic payment option, please call us to obtain the necessary authorization forms.

ASURIS Z

Salem, OR 97309-0625
KEEP THIS PORTION FOR YOUR RECORDS

\*\* BILLING NOTICE \*\*

	921128887	ENTIFICATION NO.	
	008800000 03/0	GROUP NO.	
	008800000 03/01/08-04/01/08 03/01/08 20301685	ROM TO	
0)/01/00	03/01/08	PAYMENT DUE	
60010602	20301685	INVOICE NO.	
AMOUN	¢ZL OO DAIE.	EN (IFICATION NO GROUP NO. FROM TO PAYMENT DUE INVOICE NO. AMOUNT DUE CHECK	
AMOUNT PAID LY	20116	CHECK NUMBER S951	

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# YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT. THANK YOU FOR YOUR PAYMENT.

### Dear Member:

with your check for the amount due. Your premium payment is due for your health benefit plan. Please send the bottom portion of this form along

We have a convenient premium payment system available to you through our SurePay system that allows automatic premium deduction from your checking account each month. If you are interested in this electronic payment option, please call us to obtain the necessary authorization forms.

### KEEP THIS PORTION FOR YOUR RECORDS

\*\* BILLING NOTICE \*\*

IDENTIFICATION NO.	GROUP NO. COVERAGE PERIOD FROM TO	PAYMENT DUE	INVOICE NO.	AMOUNT DUE	CHECK NUMBER 5953
921128887	008800000 04/01/08-05/01/08		20445840	\$64.00	AMOUNT PAID 1.4

### YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT. THANK YOU FOR YOUR PAYMENT.

### Dear Member:

Your premium payment is due for your health benefit plan. Please send the bottom portion of this form along with your check for the amount due.

We have a convenient premium payment system available to you through our SurePay system that allows automatic premium deduction from your checking account each month. If you are interested in this electronic payment option, please call us to obtain the necessary authorization forms.

### KEEP THIS PORTION FOR YOUR RECORDS

### \*\* BILLING NOTICE \*\*

IDENTIFICATION NO.	GROUP NO.	COVERAGE PERIOD FROM TO	PAYMENT DUE	INVOICE NO.	AMOUNT DUE	CHECK NUMBER
		05/01/08-06/01/08	1	20551351	\$61, 00	AMOUNT PAID 6400

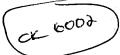
### YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT. THANK YOU FOR YOUR PAYMENT.

### Dear Member:

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### KEEP THIS PORTION FOR YOUR RECORDS



\*\* BILLING NOTICE \*\*

IDENTIFICATION NO.	GROUP NO. COVERAGE PERIOD: FROM TO	PAYMENT DUE	INVOICE NO.	AMOUNT DUE	CHECK NUMBER 100
921128887	008800000 06/01/08-07/01/0	1	20635857	\$64.00	AMOUNT PAID 6400

### YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT. THANK YOU FOR YOUR PAYMENT.

### Dear Member:

Your premium payment is due for your health benefit plan. Please send the bottom portion of this form along with your check for the amount due.

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### KEEP THIS PORTION FOR YOUR RECORDS

\*\* BILLING NOTICE \*\*

IDENTIFICATION NO.	GROUP NO.	COVERAGE PERIOD FROM TO	PAYMENT DUE	INVOICE NO.	AMOUNT DUE	CHECK NUMBER 6000
		07/01/08-08/01/08	İ	1		AMOUNT PAID 6

### YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT. THANK YOU FOR YOUR PAYMENT.

### Dear Member:

Your premium payment is due for your health benefit plan. Please send the bottom portion of this form along with your check for the amount due.

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### KEEP THIS PORTION FOR YOUR RECORDS

\*\* BILLING NOTICE \*\*

IDENTIFICATION NO.	GROUP NO.	COVERAGE PERIOD FROM TO	PAYMENT DUE	INVOICE NO.	AMOUNT DUE	CHECK NUMBER 6011
921128887		08/01/08-09/01/08		20861776		AMOUNT PAID L. COC

### YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT. THANK YOU FOR YOUR PAYMENT.

### Dear Member:

Your premium payment is due for your health benefit plan. Please send the bottom portion of this form along with your check for the amount due.

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### KEEP THIS PORTION FOR YOUR RECORDS

\*\* BILLING NOTICE \*\*

IDENTIFICATION NO.	GROUP NO.	COVERAGE PERIOD FROM TO	PAYMENT DUE	INVOICE NO.	AMOUNT DUE	CHECK NUMBER 6.056
921128887		09/01/08-10/01/08				AMOUNT PAID 44.00

### YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT. THANK YOU FOR YOUR PAYMENT.

### Dear Member:

Your premium payment is due for your health benefit plan. Please send the bottom portion of this form along with your check for the amount due.

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### KEEP THIS PORTION FOR YOUR RECORDS

\*\* BILLING NOTICE \*\*

DENTIFICATION NO.	GROUP NO.	COVERAGE PERIOD	PAYMENT DUE	INVOICE NO		CHECK NUMBER 6076
921128887	0.00-	FO.		oice ito.	AMOUNT DUE	DATE 9/19/00
92112000/	008800000	10/01/08-11/01/08	10/01/08			
			11,01,00	21090303	\$64.00	AMOUNT BAID (EL CY)

### YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT. THANK YOU FOR YOUR PAYMENT.

### Dear Member:

Your premium payment is due for your health benefit plan. Please send the bottom portion of this form along with your check for the amount due.

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### KEEP THIS PORTION FOR YOUR RECORDS

\*\* BILLING NOTICE \*\*

						CHECK NUMBER 609
IDENTIFICATION NO.	GROUP NO.	COVERAGE PERIOD FROM TO	PAYMENT DUE	INVOICE NO.	AMOUNT DUE	DATE 10/21/08
		11/01/08-12/01/08			\$64.00	AMOUNT PAID 64.00

### YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT. THANK YOU FOR YOUR PAYMENT.

### Dear Member:

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### KEEP THIS PORTION FOR YOUR RECORDS

\*\* BILLING NOTICE \*\*

IDENTIFICATION NO.	GROUP NO.	COVERAGE PERIOD FROM TO	PAYMENT DUE	INVOICE NO.	AMOUNT DUE	CHECK NUMBER 6133
921128887	1	12/01/08-01/01/09		21294025	\$64.00	AMOUNT PAID 600

### YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT. THANK YOU FOR YOUR PAYMENT.

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We encourage you to call us if you have any questions. Please review the instructions on the reverse of this notice.

ORM 4387 - Front (Rev. 11/07)

### KEEP THIS PORTION FOR YOUR RECORDS

\*\* BILLING NOTICE \*\*

LAnn Throop

IDENTIFICATION NO.	GROUP NO.	COVERAGE PERIOD FROM TO	PAYMENT DUE	INVOICE NO.	AMOUNT DUE	CHECK NUMBER \$143
921128887		01/01/09-02/01/09		21421000		AMOUNT PAID 64.50

### YOUR CANCELLED CHECK OR MONEY ORDER IS YOUR RECEIPT. THANK YOU FOR YOUR PAYMENT.

### Dear Member:

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We encourage you to call us if you have any questions. Please review the instructions on the reverse of this notice.

ORM 4387 - Front (Rev. 11/07)



Haladadada Haladada da

JEFFREY P THROOP

2110 S BELAIR DRIVE

MOSES LAKE, WA 98837

P.O. Box 91060 Seattle, WA 98111 Direct Pay Bil

Invoice Date:

01/10/2008

Group No:

1000000

Invoice Number:

080100016622

Policyholder ID:

100758434

Billing Period:

February 01 - 29, 2008

**Payment Due Date** 

2/1/2008

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m

Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

PleaseNote: For quickest service by phone, please be prepared to enter your Policyholder ID

### **Individual Health Care Coverage**

<u>Description</u>	<u>Plan</u>	Period	Amount
<b>Total Current Period Coverage</b>	PREFERRED	February 01 - 29, 2008	\$331.00
Total Adjustments			\$0.00
Current Invoice Total	•		\$331.00
	BALANCE DUE FROM PREVIOU	S INVOICE	\$331.00
	PAYMENT AND CREDITS POST	ED SINCE PREVIOUS INVOICE	(\$331.00)
	BALANCE FORWARD	- -	\$0.00
	PLEASE PAY	THIS AMOUNT	\$331.00
	Please write your Pol	licyholder ID number on your check and return v	

in the envelope provided.

Members Covered on Current Billing Period: JEFFREY THROOP

Payments received after the Invoice Date will be reflected on your next Statement.

Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.



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JEFFREY P THROOP

2110 S BELAIR DRIVE

MOSES LAKE, WA 98837

P.O. Box 91060 Seattle, WA 98111 Direct Pay Bill

Invoice Date:

02/11/2008

Group No:

1000000

Invoice Number:

080420002279

Policyholder ID:

100758434

Billing Period:

March 01 - 31, 2008

**Payment Due Date** 

3/1/2008

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m

Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

PleaseNote: For quickest service by phone, please be prepared to enter

your Policyholder ID

### **Individual Health Care Coverage**

<u>Plan</u>	Period	<u>Amount</u>
PREFERRED	March 01 - 31, 2008	\$331.00
		\$0.00
		\$331.00
BALANCE DUE FROM PREVIO	US INVOICE	\$331.00
PAYMENT AND CREDITS POST	TED SINCE PREVIOUS INVOICE	(\$331.00)
BALANCE FORWARD		\$0.00
	PREFERRED  BALANCE DUE FROM PREVIO	PREFERRED March 01 - 31, 2008  BALANCE DUE FROM PREVIOUS INVOICE  PAYMENT AND CREDITS POSTED SINCE PREVIOUS INVOICE

Please write your Policyholder ID number on your check and return with the remittance coupon in the envelope provided.

Members Covered on Current Billing Period: JEFFREY THROOP

Payments received after the Invoice Date will be reflected on your next Statement.

Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.



Haladadadadhdaadddd

JEFFREY P THROOP

2110 S BELAIR DRIVE

MOSES LAKE, WA 98837

P.O. Box 91060 Seattle, WA 98111

### **Direct Pay Bill**

Invoice Date:

03/10/2008

Group No:

Invoice Number:

1000000 080700024106

Policyholder ID:

100758434

Billing Period:

April 01 - 30, 2008

**Payment Due Date** 

4/1/2008

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m

Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

PleaseNote: For quickest service by phone, please be prepared to enter your Policyholder ID

### Individual Health Care Coverage

<u>Description</u> Total Current Period Coverage  Total Adjustments	<u>Pian</u> PREFERRED	<u>Period</u> April 01 - 30, 2008	Amount \$331.00
Current Invoice Total			\$0.00 \$331.00
	BALANCE DUE FROM PREVIOU PAYMENT AND CREDITS POSTE BALANCE FORWARD		\$331.00 \$0:00 \$331.00

### PLEASE PAY THIS AMOUNT

\$662,00

Please write your Policyholder ID number on your check and return with the remittance coupon in the envelope provided.

embers Covered on Current Billing Period: JEFFREY THROOP

PAST DUE NOTICE: Your coverage will terminate if payment is not received by the last day of the month in which it is due. If payment has been made, please disregard this notice.

Payments received after the Invoice Date will be reflected on your next Statement.

Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.



11.1...1...1.1...11...1.1.1.1.1.1.1

JEFFREY P THROOP

2110 S BELAIR DRIVE MOSES LAKE, WA 98837 P.O. Box 91060 Seattle, WA 98111



Invoice Date:

04/10/2008

Group No:

1000000

Invoice Number:

081010010908

Policyholder ID:

100758434

Billing Period:

May 01 - 31, 2008

**Payment Due Date** 

5/1/2008

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m

Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

PleaseNote: For quickest service by phone, please be prepared to enter your Policyholder ID

**Direct Pay Bill** 

### Individual Health Care Coverage

Plan	Period	Amount
PREFFRRED	May 01 - 31, 2008	\$331.00
		\$0.00
	· ·	\$331.00
BALANCE DUE FROM PREVIO	US INVOICE	\$662.00
PAYMENT AND CREDITS POST	TED SINCE PREVIOUS INVOICE	(\$662.00)
BALANCE FORWARD		\$0.00
	BALANCE DUE FROM PREVIO	PREFFRRED May 01 - 31, 2008  BALANCE DUE FROM PREVIOUS INVOICE PAYMENT AND CREDITS POSTED SINCE PREVIOUS INVOICE

**PLEASE PAY THIS AMOUNT** 

\$331.00

Please write your Policyholder ID number on your check and return with the remittance coupon in the envelope provided.

Members Covered on Current Billing Period: JEFFREY THROOP

Payments received after the Invoice Date will be reflected on your next Statement.

Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.



JEFFREY P THROOP

2110 S BELAIR DRIVE

MOSES LAKE, WA 98837

P.O. Box 91060 Seattle, WA 98111 Invoice Date:

05/10/2008

Group No:

1000000

Invoice Number:

081310018391

Policyholder ID:

100758434

Billing Period:

June 01 - 30, 2008

**Payment Due Date** 

6/1/2008

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m

Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

PleaseNote: For quickest service by phone, please be prepared to enter

**Direct Pay Bill** 

your Policyholder ID

### **Individual Health Care Coverage**

<u>Description</u>	<u>Plan</u>	Period	Amount
<b>Total Current Period Coverage</b>	PREFERRED	June 01 - 30, 2008	\$331.00
Total Adjustments			\$0.00
<b>Current Invoice Total</b>			\$331.00
	BALANCE DUE FROM PREVIO	US INVOICE	\$331.00
	PAYMENT AND CREDITS POST	TED SINCE PREVIOUS INVOICE	(\$331.00)
	BALANCE FORWARD		\$0.00
		_	

PLEASE PAY THIS AMOUNT

Please write your Policyholder ID number on your check and return with the remittance coupon in the envelope provided.

Members Covered on Current Billing Period: JEFFREY THROOP

Payments received after the Invoice Date will be reflected on your next Statement.

Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.



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JEFFREY P THROOP

2110 S BELAIR DRIVE

MOSES LAKE, WA 98837



P.O. Box 91060 Seattle, WA 98111



### **Direct Pay Bill**

Invoice Date:

06/10/2008

Group No:

1000000

Invoice Number:

081620022039

Policyholder ID:

100758434

Billing Period:

July 01 - 31, 2008

**Payment Due Date** 

7/1/2008

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m

Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

PleaseNote: For quickest service by phone, please be prepared to enter

your Policyholder ID

### **Individual Health Care Coverage**

PREFERRED	July 01 - 31, 2008	\$331.00
		\$0.00
		\$331.00
NCE DUE FROM PREVIO	US INVOICE	\$331.00
ENT AND CREDITS POST	TED SINCE PREVIOUS INVOICE	(\$331.00)
ICE FORWARD		\$0.00
E	NCE DUE FROM PREVIO	NCE DUE FROM PREVIOUS INVOICE ENT AND CREDITS POSTED SINCE PREVIOUS INVOICE

PLEASE PAY THIS AMOUNT

Please write your Policyholder ID number on your check and return with the remittance coupon in the envelope provided.

Members Covered on Current Billing Period: JEFFREY THROOP

Payments received after the Invoice Date will be reflected on your next Statement.

Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.



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JEFFREY P THROOP

2110 S BELAIR DRIVE MOSES LAKE, WA 98837

P.O. Box 91060 Seattle, WA 98111

### **Direct Pay Bill**

Invoice Date:

07/10/2008

Group No:

1000000

Invoice Number:

081920053074

Policyholder ID:

100758434

Billing Period:

August 01 - 31, 2008

**Payment Due Date** 

8/1/2008

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m

Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

PleaseNote: For quickest service by phone, please be prepared to enter your Policyholder ID

### Individual Health Care Coverage

<u>Description</u> Total Current Period Coverage	<u>Plan</u>	Period	Amount
Total Adjustments	PREFERRED	August 01 - 31, 2008	\$331.00
		·	\$0.00
Current Invoice Total			\$331.00
	BALANCE DUE FROM PREVIOUS INVOICE PAYMENT AND CREDITS POSTED SINCE PREVIOUS INVOICE		\$331.00
	BALANCE FORWARD	TED SINCE PREVIOUS INVOICE	(\$331.00)
	- ALAMOL I ONWAND		\$0.00
	PLEASE PA	Y THIS AMOUNT	\$331.00
)	Please write your P in the envelope pro-	olicyholder ID number on your check and return wi	th the remittance coupor

in the envelope provided. mbers Covered on Current Billing Period: JEFFREY THROOP

> Payments received after the Invoice Date will be reflected on your next Statement. Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.



HelialiahahaaHalaahahala

JEFFREY P THROOP

2110 S BELAIR DRIVE

MOSES LAKE, WA 98837

P.O. Box 91060 Seattle, WA 98111

### **Direct Pay Bill**

Invoice Date:

08/11/2008

Group No:

1000000

Invoice Number:

082240035058

Policyholder ID: Billing Period:

100758434 September 01 - 30, 2008

**Payment Due Date** 

9/1/2008

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m

Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

PleaseNote: For quickest service by phone, please be prepared to enter

your Policyholder ID

### Individual Health Care Coverage

<u>Plan</u>	<u>Period</u>	Amount
PREFERRED	September 01 - 30, 2008	\$331.00
	<del>-</del>	\$0.00
	<del>-</del>	\$331.00
BALANCE DUE FROM PREVI	OUS INVOICE	\$331.00
PAYMENT AND CREDITS POS	STED SINCE PREVIOUS INVOICE	(\$331.00)
BALANCE FORWARD		\$0.00
	PREFERRED  BALANCE DUE FROM PREVI	PREFERRED September 01 - 30, 2008  BALANCE DUE FROM PREVIOUS INVOICE PAYMENT AND CREDITS POSTED SINCE PREVIOUS INVOICE

PLEASE PAY THIS AMOUNT

\$331.00

Please write your Policyholder ID number on your check and return with the remittance coupon in the envelope provided.

Members Covered on Current Billing Period: JEFFREY THROOP

Payments received after the Invoice Date will be reflected on your next Statement. Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.



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JEFFREY P THROOP

2110 S BELAIR DRIVE

MOSES LAKE, WA 98837

P.O. Box 91060 Seattle, WA 98111



Invoice Date:

09/10/2008

Group No:

1000000

Invoice Number:

082540030251

Policyholder ID:

100758434

Billing Period:

October 01 - 31, 2008

**Payment Due Date** 

10/1/2008

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m

Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

PleaseNote: For quickest service by phone, please be prepared to enter

**Direct Pay Bill** 

your Policyholder ID

### Individual Health Care Coverage

<u>Description</u>	<u>Plan</u>	<u>Period</u>	Amount	
<b>Total Current Period Coverage</b>	PREFERRED	October 01 - 31, 2008	\$331.00	
Total Adjustments			\$0.00	
Current Invoice Total			\$331.00	
	BALANCE DUE FROM PREVIOUS INVOICE PAYMENT AND CREDITS POSTED SINCE PREVIOUS INVOICE		\$331.00	
			(\$331.00)	
	BALANCE FORWARD	·	\$0.00	

PLEASE PAY THIS AMOUNT

Please write your Policyholder ID number on your check and return with the remittance coupon in the envelope provided.

Members Covered on Current Billing Period: JEFFREY THROOP

Payments received after the Invoice Date will be reflected on your next Statement.

Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.

009931 (11-2005)

\$331.00



Haladaddadaa Haladaddadd

JEFFREY P THROOP

2110 S BELAIR DRIVE

MOSES LAKE, WA 98837

P.O. Box 91060 Seattle, WA 98111

**Direct Pay Bill** Invoice Date:

10/10/2008

Group No:

1000000

Invoice Number:

082840029843

Policyholder ID:

100758434

Billing Period:

November 01 - 30, 2008

**Payment Due Date** 

11/1/2008

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m

Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

PleaseNote: For quickest service by phone, please be prepared to enter

your Policyholder ID

### **Individual Health Care Coverage**

<u>Description</u>	<u>Plan</u>	Period	Amount
Total Current Period Coverage	PREFERRED	November 01 - 30, 2008	\$331.00
Total Adjustments			\$0.00
Current Invoice Total		- -	\$331.00
	BALANCE DUE FROM PREVIOUS INVOICE PAYMENT AND CREDITS POSTED SINCE PREVIOUS INVOICE		\$331.00
			(\$331.00)
	BALANCE FORWARD		\$0.00
		<del>-</del>	

PLEASE PAY THIS AMOUNT

\$331.00

Please write your Policyholder ID number on your check and return with the remittance coupon in the envelope provided.

wembers Covered on Current Billing Period: JEFFREY THROOP

Payments received after the Invoice Date will be reflected on your next Statement. Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.



JEFFREY P THROOP

2110 S BELAIR DRIVE

MOSES LAKE, WA 98837

P.O. Box 91060 Seattle, WA 98111 Direct Pay Bill

Invoice Date: Group No:

Invoice Number:

Policyholder ID: Billing Period:

11/10/2008 1000000 083150033005 100758434

December 01 - 31, 2008

**Payment Due Date** 

12/1/2008

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

PleaseNote: For quickest service by phone, please be prepared to enter your Policyholder ID

### **Individual Health Care Coverage**

Description	<u>Plan</u>	<u>Period</u>		Amount
Total Current Period Coverage	PREFERRED	December 01 - 31, 2008		\$331.00
Total Adjustments			,	\$0.00
<b>Current Invoice Total</b>				\$331.00
	BALANCE DUE FROM PREVIO			\$331.00
		STED SINCE PREVIOUS INVOICE		(\$331.00)
	BALANCE FORWARD			\$0.00

**PLEASE PAY THIS AMOUNT** 

\$331.00

Please write your Policyholder ID number on your check and return with the remittance coupon in the envelope provided.

Members Covered on Current Billing Period: JEFFREY THROOP

Payments received after the Invoice Date will be reflected on your next Statement.

Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.

009931 (11-2005)



P.O. Box 91060 Seattle, WA 98111

(Win)

JEFFREY P THROOP 2110 S BELAIR DRIVE MOSES LAKE, WA 98837

### **Direct Pay Bill**

Invoice Date: 12/10/2008

Group No: 1000000
Invoice Number: 083450028630

Policyholder ID: 100758434
Billing Period: January 01 - 31, 2009

Payment Due Date 1/1/2009

Customer Service Hours: Monday - Friday 8:00 a.m to 5:00 p.m

Phone: 1-800-592-6804

TDD for the hearing impaired: 800-842-5357

<u>PleaseNote:</u> For quickest service by phone, please be prepared to enter your Policyholder ID

### **Individual Health Care Coverage**

<u>Description</u>	<u>Plan</u>	<u>Period</u>	<u>Amount</u>
Total Current Period Coverage	PREFERRED	January 01 - 31, 2009	\$389.00
Total Adjustments			\$0.00
Current Invoice Total			\$389.00
	BALANCE DUE FROM PREVIO	DUS INVOICE	\$331.00
	PAYMENT AND CREDITS POS	TED SINCE PREVIOUS INVOICE	(\$331.00)
	BALANCE FORWARD	<del></del>	\$0.00

**PLEASE PAY THIS AMOUNT** 

\$389.00

Please write your Policyholder ID number on your check and return with the remittance coupon in the envelope provided.

Members Covered on Current Billing Period: JEFFREY THROOP

**IMPORTANT NOTICE:** Your rate has been revised due to a change in the number of enrolled dependents, a new rating category due to the birthday or smoking status of the member or spouse, or a rate revision you were recently notified of.

Payments received after the Invoice Date will be reflected on your next Statement.

Please indicate any address changes on your coupon when you send your payment. Keep the upper portion for your records.

009931 (11-2005)

### **Basin Water Sources Inc**

### **Basic Policy Information**

Policy #:

01CH8194081

Term:

05/01/2008 - 05/01/2009

Tran Date:

05/01/2008

Tran Type:

Renew policy Renew policy

Tran Description: **Policy Type:** 

Package

**Business Unit:** 

Division: Argus Insurance Inc.

Department: Moses Lake Commercial

**Primary Service Group:** 

Account Executive: Paul Klueber CIC, pklueber@argusinsurance.com Account Representative: Alisa Hill, ACSR, ahill@argusinsurance.com

Branch: Moses Lake

**Parent Company:** Writing Company: Bill Method/Pay Plan:

Safeco Insurance Companies American States Ins Co

Direct bill

First Named Insured

Name:

Firm Name:

Basin Water Sources Inc

DBA:

**Dec Name:** Address:

Basin Water Sources Inc

P O Box 1697

Moses Lake WA 98837 (509)765-1087

**Business:** 

Residence: Cell:

Fax: Email:

Contacts

Name Responsibility **Address** 

Res Phone

**Bus Phone** 

**Email** 

Jeff Throop Jeff Throop Accounting Records Inspection

**Location Information** 

Loc #00001 Bldg #00001 **Pumphouse Building:** Loc #00002 Bldg #00001

Market Street, Moses Lake, WA, 98837

**Pumphouse Building:** 

Grape Drive, Moses Lake, WA, 98837

### **Lines of Business**

### **Commercial Property**

Loc #00001 Bldg #00001: Market Street, Moses Lake, WA, 98837

**Subject of Insurance** 

**AmountValuation** 

**Cause of Loss** Special incl.

Limit Type/Amt

Forms and **Conditions** 

Building

31,600 Replacement Cost

Certified Acts of Terrorism

Flat/500

Subject of Insurance

Max **AmountValuation** 

Cause of Loss Special incl.

Ded Limit Type/Amt Forms and **Conditions** 

**Business Income** 

18,000

Certified Acts of Terrorism

1/3 Monthly Limit

**Subject of Insurance** 

Max **AmountValuation** 

Cause of Loss

Ded Limit Type/Amt

Forms and **Conditions** 

**Business Personal** 

Property

Special incl. Certified Acts of

27,350 Replacement Cost

Terrorism

Flat/500

Loc #00002 Bldg #00001: Grape Drive, Moses Lake, WA, 98837

Subject of Insurance AmountValuation Cause of Loss Limit Type/Amt Conditions

Building 31,600 Replacement Cost Certified Acts of Terrorism Flat/500

Max Ded Forms and Subject of Insurance AmountValuation Cause of Loss Limit Type/Amt Conditions

Special incl. 1/3
Business Income 18,000 Certified Acts of Monthly
Terrorism Limit

Max Ded Forms and Subject of Insurance AmountValuation Cause of Loss Limit Type/Amt Conditions

Business Personal Special Incl.

Property 27,350 Replacement Cost Certified Acts of Flat/500 Terrorism

### Inland Marine (C)

**Equipment Floater** 

Type of Operation: Water Source

**Equipment Summary** 

Blanket:

Category: Miscellaneous Sub-Category: Hydrants % CoIns:

Coverage Amt of Ins Ded Type/Amt Total Items Information
Direct Physical Loss 44,000 Flat/250 1 Miscellaneous Information
Actual Cash Value

Scheduled Equipment Customer's Amt of Equipment # Equip. # Year Manufacturer Model Description Serial # Insurance

O001 Pear Manufacturer Model Description Serial # Insurance 22 Hydrants @ \$2000 EA 44,000

### **General Liability**

Liability Coverage Type: Commercial General Liability Coverage Basis: Occurrence Coverages

Coverage Limit Ded Type/AmtDed Basis **Ded Applies ToMiscellaneous Information** General Aggregate 1,000,000 Products/Completed 1,000,000 Ops Aggregate Personal & 1,000,000 Advertising Injury Each Occurrence 1,000,000 Fire Damage 200,000 Medical Expense 10,000 Employment 10,000 Practices Liability

### Schedule of Hazards

<b>Loc #</b> 00001	<b>Classification</b> Employment Practices Liability	<b>Class</b> 00234	Premium Basis U	<b>Exposure</b> 2	Prem/Ops Rate	Products Rate
<b>Loc #</b> 00001	<b>Classification</b> Certified Acts of Terrorism	Class	Premium Basis	Exposure	Prem/Ops Rate	Products Rate
<b>Loc #</b> 00001	Classification Water Companies	<b>Class</b> 99943	Premium Basis	Exposure 17,800	Prem/Ops Rate 35.42	Products Rate



ACCOUNT NUMBER: 020-1002-008-01

01/16/08

4 77

SIN WATER SOURCES, INC. PO BOX 1697 MOSES LAKE, WA 98837-2516 For any insurance needs or questions, please contact your independent agent. ARGUS INSURANCE INC PO BOX 1279
MOSES LAKE, WA 98837

PHONE: (509) 765-3424

AGENT: 46-07704



### THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY FROM 12/17/07 THROUGH 01/16/08

Your previous account balance was:

Prior billed installment fee
Your payment was received 01/02/08. Thank you.

\$7.00 \$171.67-

\$658.64

Your current account balance is:

\$493.97

Any transactions processed after 01/16/08 will be reflected on your next statement.

YOUR SAFECO BUSINESS INSURANCE POLICIES BILLED TO T	HIS ACCOUNT ARE:	MINIMUM DUE	BALANCE
Commercial Package policy (01-CE-024763-20	) effective 05/01/07	\$164.67	\$493.97
Current month installment fee	Subtotals	\$164.67 \$7.00	\$493.97
	Payment Options	\$171.67	\$493.97

 $\mathcal{J}$ may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

\*\* Visit www.Safeco.com for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\*

ម្ល C-4221 8/05

PACIFIC ZONE/255/01-16-08



ACCOUNT NUMBER: 020-1002-008-01

02/17/08

4 77

SIN WATER SOURCES, INC. PO BOX 1697 MOSES LAKE, WA 98837-2516 For any insurance needs or questions, please contact your independent agent. ARGUS INSURANCE INC PO BOX 1279 MOSES LAKE, WA 98837

PHONE: (509) 765-3424

AGENT: 46-07704



### THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY FROM 01/16/08 THROUGH 02/17/08

\$493.97
\$7.00 \$171.67-
\$329.30

Any transactions processed after 02/17/08 will be reflected on your next statement.

O THIS ACCOUNT ARE:	MINIMUM DUE	BALANCE
-20) effective 05/01/07	\$164.67	\$329.30
Subtotals	\$164.67 \$7.00	\$329.30
Payment Options	\$171.67	\$329.30
	· · · · · · · · · · · · · · · · · · ·	Subtotals \$164.67 \$7.00

may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

\*\* Visit www.Safeco.com for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\*

ន្ត C-4221 8/05

PACIFIC ZONE/255/02-17-08



ACCOUNT NUMBER: 020-1002-008-01

03/17/08

77

\$329.30

\$7.00 \$171.67-

\$7.00

\$171.63

SIN WATER SOURCES, INC. ∕Ó BOX 1697 MOSES LAKE, WA 98837-2516

For any insurance needs or questions, please contact your independent agent. ARGUS INSURANCE INC PO BOX 1279 MOSES LAKE, WA 98837

PHONE: (509) 765-3424

AGENT: 46-07704

THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY FROM 02/17/08 THROUGH 03/17/08 Your previous account balance was:

Prior billed installment fee Your payment was received 03/17/08.

Current month installment fee

Your current account balance is:

Any transactions processed after 03/17/08 will be reflected on your next statement.

YOUR SAFECO BUSINESS INSURANCE POLICIES BILLED TO THIS ACCOUNT ARE: MINIMUM DUE BALANCE Commercial Package policy (01-CE-024763-20) effective 05/01/07 \$164.63 \$164.63 Subtotals \$164.63 \$164.63 Current month installment fee \$7.00 \$7.00 Payment Options \$171.63 \$171.63

You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

\*\* Visit www.Safeco.com for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\*

¿ C-4221 8/05

PACIFIC ZONE/255/03-17-08



ACCOUNT NUMBER: 020-1002-008-01

04/16/08

4 77

SIN WATER SOURCES, INC. PO BOX 1697 MOSES LAKE, WA 98837-2516 For any insurance needs or questions, please contact your independent agent. ARGUS INSURANCE INC PO BOX 1279
MOSES LAKE, WA 98837

PHONE: (509) 765-3424

AGENT: 46-07704

### THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY FROM 03/17/08 THROUGH 04/16/08

Your previous account balance was:

\$171.63

Your payment was received 03/31/08. Thank you Your policy (01-CH-819408-10) was renewed.

\$171.63-\$1,957.00

Your current account balance is:

\$1,957.00

Any transactions processed after 04/16/08 will be reflected on your next statement.

YOUR SAFECO BUSINESS INSURANCE POLICIES BILLED TO THIS ACCOUNT ARE:	MINIMUM DUE	BALANCE
Commercial Package policy (01-CE-024763-20) effective 05/01/07 Commercial Package policy (01-CH-819408-10) effective 05/01/08	\$0.00 \$163.08	\$0.00 \$1,957.00
Subtotals Current month installment fee	\$163.08 \$7.00	\$1,957.00
Payment Options	\$170.08	\$1,957.00

You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

\*\* Visit www.Safeco.com for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\*

g C-4221 8/05

PACIFIC ZONE/255/04-16-08

ACCOUNT NUMBER: 020-1002-008-01

05/16/08

4 7

PO BOX 1697 MOSES LAKE, WA 98837-2516 For any insurance needs or questions, please contact your independent agent. ARGUS INSURANCE INC PO BOX 1279
MOSES LAKE, WA 98837

PHONE: (509) 765-3424

AGENT: 46-07704

### THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY FROM 04/16/08 THROUGH 05/16/08

Your previous account balance was:	\$1,957.00
Prior billed installment fee Your payment was received 05/01/08. Thank you.	\$7.00 \$170.08-
Your current account balance is:	\$1,793.92

Any transactions processed after 05/16/08 will be reflected on your next statement.

YOUR SAFECO BUSINESS INSURANCE POLICIES BILLED TO THIS ACCOUNT ARE:	MINIMUM DUE	BALANCE
Commercial Package policy (01-CE-024763-20) effective 05/01/07 Commercial Package policy (01-CH-819408-10) effective 05/01/08	\$0.00 \$163.08	\$0.00 \$1,793.92
Subtotals Current month installment fee	\$163.08 \$7.00	\$1,793.92
Payment Options	\$170.08	\$1,793.92

You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

\*\* Visit www.Safeco.com for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\*

g C-4221 8/05

PACIFIC ZONE/255/05-16-08

ACCOUNT NUMBER: 020-1002-008-01

06/16/08

4 77

\$1,630.84

SIN WATER SOURCES, INC. PO BOX 1697 MOSES LAKE, WA 98837-2516

Your current account balance is:

For any insurance needs or questions, please contact your independent agent. ARGUS INSURANCE INC PO BOX 1279
MOSES LAKE, WA 98837

(CK 6024)

PHONE: (509) 765-3424 AGENT: 46-07704

THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY FROM 05/16/08 THROUGH 06/16/08

Your previous account balance was:

Prior billed installment fee
Your payment was received 05/28/08. Thank you.

\$1,793.92

\$7.00
\$170.08-

Any transactions processed after 06/16/08 will be reflected on your next statement.

YOUR SAFECO BUSINESS INSURANCE POLICIES BILLED TO THIS AC	COUNT ARE:	MINIMUM DUE	BALANCE
Commercial Package policy (01-CE-024763-20) efformercial Package policy (01-CH-819408-10) efform		\$0.00 \$163.08	\$0.00 \$1,630.84
Current month installment fee	Subtotals	\$163.08 \$7.00	\$1,630.84
Pay	ment Options	\$170.08	\$1,630.84

You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

\*\* Visit www.Safeco.com for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\*

₹ C-4221 8/05

PACIFIC ZONE/255/06-16-08

ACCOUNT NUMBER: 020-1002-008-01

07/16/08

4 77

SIN WATER SOURCES, INC. TO BOX 1697 MOSES LAKE, WA 98837-2516 For any insurance needs or questions, please contact your independent agent. ARGUS INSURANCE INC PO BOX 1279 MOSES LAKE, WA 98837

6044

PHONE: (509) 765-3424 AGENT: 46-07704

### THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY FROM 06/16/08 THROUGH 07/16/08

Your previous account balance was:	\$1,630.84
Prior billed installment fee Your payment was received 07/01/08. Thank you.	\$7.00 \$170.08-
Your current account balance is:	\$1,467.76

Any transactions processed after 07/16/08 will be reflected on your next statement.

MINIMUM DUE	BALANCE
\$0.00 \$163.08	\$0.00 \$1,467.76
\$163.08 \$7.00	\$1,467.76
\$170.08	\$1,467.76
	\$0.00 \$163.08 \$163.08 \$7.00

You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

\*\* Visit www.Safeco.com for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\*

ස C-4221 8/05

PACIFIC ZONE/017/07-16-08



ACCOUNT NUMBER: 020-1002-008-01

08/16/08

4 77

PO BOX 1697
MOSES LAKE, WA 98837-2516

For any insurance needs or questions, please contact your independent agent. ARGUS INSURANCE INC PO BOX 1279
MOSES LAKE, WA 98837

CK 655

PHONE: (509) 765-3424 AGENT: 46-07704

### THE FOLLOWING IS A SUMMARY OF YOUR ACCOUNT ACTIVITY FROM 07/16/08 THROUGH 08/16/08

Your previous account balance was:	\$1,46/./6
Prior billed installment fee Your payment was received 07/25/08. Thank you.	\$7.00 \$170.08-
Your current account balance is:	\$1,304.68

Any transactions processed after 08/16/08 will be reflected on your next statement.

YOUR SAFECO BUSINESS INSURANCE POLICIES BILLED TO THIS ACCOUNT ARE:	MINIMUM DUE	BALANCE
Commercial Package policy (01-CH-819408-10) effective 05/01/0	\$163.08	\$1,304.68
Subtotals Current month installment fee	\$163.08 \$7.00	\$1,304.68
Payment Options	\$170.08	\$1,304.68

You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

\*\* Visit www.Safeco.com for Online Account Services or call 1(800)332-3226. Additional billing information available on reverse side \*\*

**€** C-4221 8/05

PACIFIC ZONE/017/08-16-08



### **Billing Statement**



Due Date Minimum Due

10/05/08 \$170.08

Account Number Statement Date 020-1002-008-01 09/16/08

BASIN WATER SOURCES, INC.

ACCOUNT ACTIVITY	Account Ac	tivity
------------------	------------	--------

Date	Description	Amount
08/17/08	Previous balance	\$1,304.68
08/17/08	Prior billed installment fee	7.00
09/08/08	Payment received. Thank you.	170.08-
09/16/08	Current balance	\$1,141.60

### Contact Us

ARGUS INSURANCE INC

Agent Telephone

(509) 765-3424

24-Hour Claims

Make a Payment

1-800-332-3226 www.safeco.com

### **Billing Detail**

Description		Balance	Minimum Due
Commercial Package (01-CH-819408-10) effective 05/01/08		1,141.60	163.08
	Subtotal	\$1,141.60	\$163.08
Current month installment fee			7.00
	TOTAL	\$1,141.60	\$170.08



You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

You'll notice this billing statement looks a little different. That's because we've made some changes to make it easier for you to find what you're looking for. Refer to the enclosed insert to see where you can find important information like account activity, policy and contact information and more.



BASIN WATER SOURCES, INC.

Description

Previous balance

**Current balance** 

Prior billed installment fee

Payment received. Thank you.

**Account Activity** 

Date

09/16/08

09/16/08

09/29/08

10/16/08

### **Billing Statement**

Due Date Minimum Due 11/05/08 \$170.08

Account Number Statement Date

020-1002-008-01 10/16/08

### Contact Us

ARGUS INSURANCE INC

Agent Telephone

**Amount** 

7.00

170.08 -

\$978.52

\$1,141.60

(509) 765-3424

24-Hour Claims

Make a Payment

1-800-332-3226

www.safeco.com

### **Billing Detail**

	Balance	Minimum Due
·	978.52	163.08
Subtotal	\$978.52	\$163.08
		7.00
TOTAL	\$978.52	\$170.08
		Subtotal \$978.52



You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).



BASIN WATER SOURCES, INC.



### Billing Statement

Due Date Minimum Due

12/05/08 \$170.08

Account Number Statement Date

020-1002-008-01 11/17/08

**Account Activity** 

Date	Description	
10/16/08	Previous balance	Amount
		\$978.52
	r rio. Sinca matamment lee	7.00
	J. Hank Vou.	170.08-
11/11/00	Current balance	\$815.44



ARGUS INSURANCE INC

Agent Telephone

(509) 765-3424

24-Hour Claims Make a Payment

1-800-332-3226 www.safeco.com

**Billing Detail** 

Description		·	
Commercial Package (01-CH-819408-10) effective 05/01/08		Balance	Minimum Due
5 (** 51. 516 16) ellective 05/0 1/08		815.44	163.08
Current month installment fee	Subtotal	\$815.44	\$163.08
	TOTAL	\$815.44	7.00
		φο 13. <del>44</del>	\$170.08



You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).





BASIN WATER SOURCES, INC.



### **Billing Statement**

**Due Date Minimum Due**  01/05/09 \$170.08

Account Number Statement Date

020-1002-008-01 12/16/08

**Account Activity** 

Date	Description	Amount
11/17/08	Previous balance	\$815.44
11/17/08	Prior billed installment fee	7.00
12/02/08	Payment received. Thank you.	170.08 -
12/16/08	Current balance	\$652.36



### Contact Us

ARGUS INSURANCE INC

Agent Telephone

(509) 765-3424

24-Hour Claims Make a Payment

1-800-332-3226 www.safeco.com

**Billing Detail** 

Description		Balance	Minimum Due
Commercial Package (01-CH-819408-10) effective 05/01/08		652.36	163.08
	Subtotal	\$652.36	\$163.08
Current month installment fee			7.00
	TOTAL	\$652.36	\$170.08



You may avoid future installment fees by paying the account balance in full.

To avoid a late fee, pay by the due date or sign up for Automatic Deduction (EFT).

Visit us online to make updates to your policy, pay your bill, manage claims and more. Sign up today! http://www.safeco.com/myaccount/.

### WiseChoices plan benefits

For plans beginning January 1, 2009



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	WiseChoices 20	WiseChoices 30	Applies to all WiseChoices plans
MEDICAL PLAN (PCY = Per Calendar Year)	PREFERRED	PREFERRED	NON-PREFERRED
Annual Deductible PCY (choose one)	\$1,000 Indiv. or \$3,000 Family	\$1,500 Indiv. or \$4,500 Family	\$3,000 Indiv. or \$9,000 Family
Coinsurance (what you pay)	20%	30%	50%
Annual Coinsurance Maximum	\$8,500 Indiv. or family = 3x Indiv.	\$8,500 Indiv. <i>or</i> Family = 3x Indiv.	Unlimited
Out-of-Pocket Maximum (deductible + coinsurance maximum)	\$9,500 Indiv. <i>or</i> Family = 3x Indiv.	\$10,000 Indiv. <i>or</i> Family = 3x Indiv.	Unlimited
COVERED SERVICES (Lifetime maximum \$2 million)			
Office Visits including Urgent Care & Naturopathy			College Colleg
Preventive Care Exams  Routine medical exam, sports physical & women's health/well baby exams	\$30 Copey	DEDUCTIBLE WAIVED \$30 Copay	Deductible, then 50%
Preventive Screenings PAP smear, PSA testing, colorectal cancer screening, cholesterol screening & bone density test	Covered in Fuil	Covered in Full	
Immunizations		Ninty-Polythania and protection of the control of t	Not Covered
Pharmacy-Retail (30-day supply) Brand: \$3,000 PCY limit; Generic: Unlimited	\$10/\$45/50%	\$10/\$45/50%	
Pharmacy-Mail Service (90-day supply)  Brand: \$3,000 PCY limit; Generic: Unlimited	\$25/\$112.50/45%	\$25/\$112.50/45%	Preferred network cost + 40%
Outpatient Diagnostic Imaging & Lab Services	Deductible, then 20%	Deductible, then 30%	NEOCONO DI PER DE ROSSE ESTREMENTO DE RESENTANTO DE
Mammography  Newscassarian construction and the second con	DEDUCTIBLE WAIVED then 20%	DEDUCTIBLE WAIVED then 30%	Deductible, then 50%
Emergency Room Care  Copey waived if direct admit to an inpatient facility	\$100 copay, then subject to deductible, then 20%	\$100 copay, then subject to deductible, then 30%	\$100 copay, then subject to deductible, then coinsurance*
Ambulance Transportation Air: unlimited; Ground: \$5,000 PCY limit			Deductible, then coinsurance*
Outpatient & Inpatient Facility Care			
Rehabilitation (Outpatient: 20 visits PCY; Inpatient: 8 days PCY) Physical, Occupational, Massage & Speech Therapy; Cardiac & Pulmonary Rehabilitation	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
Durable Medical Equipment and Prosthetics (\$5,000 PCY)	·		
Spinal and Other Manipulations (12 visits PCV)	DEDUCTIBLE WAIVED	DEDUCTION CALLS	zungkomikalan (1914). Alikhikalan palakan termesi di penesi
Acupuncture (12 visits PCY)	\$25 Copay	DEDUCTIBLE WAIVED \$25 Copay	Deductible, then 50%
Home Health Care (130 visits PCY)			47
Skilled Nursing Facility (45 days PCY) Includes room and board, ancillaries & professional fees	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
Hospice Care (Inpatient: 10 days PCY; Respite: 240 hours PCY			
Maternity Care	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
Vision-Routine Exam (One exam per two calendar years)	Covered in Full	Covered in Full	Covered in Full
Vision Hardware (Per two calendar years)	\$200 for frames, lenses & contact lenses	\$200 for frames, lenses & contact lenses	\$200 for frames, lenses & contact lenses
Mental Haalth-Outpatient Office Visit (6 visits PCY)	DEDUCTIBLE WAIVED \$30 Copey	DEDUCTIBLE WAIVED \$30 Copay	中,我们也可以我们可以所谓这些种的。
Wental Health-Inpatient Facility Care (6 days PCY)	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
Transplants (12-month waiting period; \$250,000 lifetime benefit) Organ & Bone Marrow	Deductible, then 20%	Deductible, then 30%	Not Covered

Unlike services received at other non-preferred providers, this service is subject to the preferred provider deductible and coinsurance.

Deductible, coinsurance and copay represent what you pay.

Benefits apply after calendar year deductible is met, unless otherwise noted as "Deductible Weived," "Copay" or "Covered in Full."

This is only a summary of the major benefits provided by our plans. This is not a contract.

### PLAN J

# MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan J Pavs	You boy
HOSPITALIZATION*		- and of also	I ou ray
Semiprivate room and board, general nursing, and miscellaneous		e de la companya de l	
services and supplies			
First 60 days	All but \$1 088	to Dec (Deat A Desire)	
61st through 90th day	All hit \$287 a rev	Par A Deducable)	**************************************
91st day and after:	THE PULL WEOF A LADY	\$207 a day	6
<ul> <li>While using 60 lifetime reserve days</li> </ul>	All but \$534 a day	Charles day	3
Once lifetime reserve days are used:		your a day	
<ul> <li>Additional 365 days</li> </ul>	\$0	100% of Medicare-eligible	\$0***
- Reyord the additional 265 June	5	expenses	
SKILLED NURSING FACILITY CARE*	**	ψV	All COSIS
You must meet Medicare's requirements, including having been in a			
hospital for at least 3 days and entered a Medicare approved facility			
within 30 days after leaving the hospital.			
First 20 days	All annoyed amounts	<b>6</b> 0	3
21st through 100th day		40 PA33 FO D Later	
101st day and after		CP ID WISS, SOLE CELY	
BLOOD		<b>\$</b> 0	All costs
First 3 pints	5		
Additional amounts	100%	o pines	\$6
HOSPICE CARE	All his year limited	8	\$0
Available as long as your doctor certifies you are terminally ill and you	ching in an outpetion	25	Balance
elect to receive these services	drugs and innation respite		
	ands aiv ilbanair ieshire		
***NOTICE: When wur Medicare Dark A house I have a	WEI V		
Tegsheve ele silleden party nospital penella ele silleden penella ele silleden penella ele silleden penella ele	the insurer stands in the class of	Modification and taking possible to the same	

paid for up to an additional 365 days as provided in the contract's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid. are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have

### PLAN J - continued

## MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Durable medical equipment  First \$135 of Medicare-approved amounts*  Remainder of Medicare-approved amounts	HOME HEALTH CARE - MEDICARE-APPROVED SERVICES	SERVICES	- First 3 pints - Next \$135 of Medicare-approved amounts* - Remainder of Medicare-approved amounts - Remainder of Medicare-approved amounts - CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC	First \$135 of Medicare-approved amounts* Remainder of Medicare-approved amounts Part B Excess Charges (Above Medicare-approved amounts) BLOOD	Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND
100% \$0 80%	MEDICARE (PARTS A & B)	100%	\$0 \$0 \$0	\$0 Generally 80% \$0		Medicare Pays
\$135 (Part B Deductible)		8	All costs \$135 (Part B Deductible) 20%	\$135 (Part B Deductible) Generally 20% 100%		Plan J Pays
\$ \$5		\$0	\$60 60 60 60 60 60 60 60 60 60 60 60 60 6	\$ \$ \$		You Pay

### PLAN J - continued

Services	Maricara Dave		Y
AT UNIT DECOUPEN CENTURY WATER	- Calcalan : ayo	rially rays	Tou Fay
ATTORE RECOVERY SERVICES - NOT COVERED BY MEDICARE			
Home care certified by your doctor for personal care during recovery			
from an injury or sickness for which Medicare approved a Home Care			
Treatment Plan			
Benefit for each visit	\$6	Actual Charges to \$40 a visit	Balance
Number of visits covered (must be received within 8 weeks of	\$0	In to the number of	
ast Medicare-approved Visit)		Medicare approved visits, not	
Calendar year maximum		to exceed 7 each week	
		4.,000	

## OTHER BENEFITS - NOT COVERED BY MEDICARE

Services	Madicara Pave	Di 1 0	W
FOREIGN TRAVEL - NOT COVERED BY MEDICARE	mornous a yo	rian J rays	rou Pay
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$6	<b>50</b>	\$250
Remainder of charges	8	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the
MEDICARE MEDICARE MEDICARE			TO SELECT THE SELECT T
Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare			,
First \$120 each calendar year Additional charges	<b>50</b> 50	\$120	\$0 \$0
***Medicare benefits are subject to change. Please consult the latest Children to Upolity Incommend The State of the Incommend The State of the Incommend The State of the Incommend The	do to Usella leaves		All CUSIS

subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.